## 2016:01:20:03:00040128

**FEC** FORM 3X

## **REPORT OF RECEIPTS**

For Other Than An Authorized Committee

								<u> </u>	JA Office Ws	e Ghily (	<u> </u>
1.	NAME OF	rEE (in full)	TYPE OR I	PRINT V		mple: If typer the lines.	oing, type	12FE4N	MŠ		
Ц	<u>, , t</u>	IRBAN	PR	06ne	is Po	LITICE	ac, Ac	TION	COMI	4177	766
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	Chec than	ck if different previously rted. (ACC)	CU A	LTERR	5010			SC	294	881-	لبيا
2.	FEC IDE	NTIFICATION N	UMBER ▼		CITY 🛦			STATE A		ZIP COI	DE A
	COC	0.528.6	61	;	3. IS THIS REPORT	V	NEW (N) OR	14 11	AMENDED A)		
4.	TYPE O	OF REPORT One)	(b) Mor Rep	- 11 11	Feb 20 (M2)		May 20 (M5)	[] Au	g 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quar	terly Reports:	Due		Mar 20 (M3)		Jun 20 (M6)		p 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
		April 15 Quarterly Report (	Q1) (c)	12-Day	Apr 20 (M4)	Primary (12	Jul 20 (M7) ————— 2P)	<u></u>	t 20 (M10) 		Jan 31 (YE)  Runoff (12R)
		July 15 Quarterly Report (i October 15	Q2)	PRE-Election Report for the		Convention	(12C)	Specia	l (12S)		
		Quarterly Report (in January 31 Year-End Report (in )		E	lection on	-M-V-M	/ [D.D] /	~~~~	Ϋ́	in the State of	f .
		July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election	انیا	General (3	0G)	Runoff	(30R)		Special (30S)
	A 11	Termination Report (TER)	1	Report for the	lection on	M~M	/ <b>D</b> D /	~~~~		in the State of	,
5.	Covering	Period 2	0 3	1 2 6	13	through	1.2	´ 🕱 ပိ	120	15	
i ce	ertify that I	have examined t	his Report a	and to the be	st of my kno	wledge and	belief it is tru	ue, correct a	nd complet	ie.	
Type or Print Name of Treasurer BRIDGET MURRAY											
Sig	Signature of Treasurer Bridget Murrey Date 01/13/2016										
NO	TE: Submis	ssion of false, error	neous, or inc	omplete inforr	mation may su	bject the po	erson signing t	his Report to	the penaltic	es of 52	U.S.C. § 30109.
L	Offi Us On	ie		i			<u> </u>			FOR ev. 12/20	
FE7	AN014										

## 20-16: 04: 20: 0M: 00040-29

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF THESE TO AND DISCONDENTED	Page 2
Write or Type Committee Name  URBAN PWGR	ESS POLITICAL ACTION	COMMITTEE
Report Covering the Period: From:	10 31 2015 To	12'30'2015
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,		00.00
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)	0000	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	00.00	[
7. Total Disbursements (from Line 31)	0000	0000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
Debts and Obligations Owed TO     the Committee (Itemize all on     Schedule C and/or Schedule D)	[,, <u>0000</u>	
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	0.000	
This committee has qualified as a multi-	ticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	·
	Toll Free 800-424-9530 Local 202-694-1100	

FE6AN026

## Write or

2016-01-20-

03:00040130

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ľÖ ا گ 2015 30 2015 From: To: Report Covering the Period: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0000 0000 (i) Itemized (use Schedule A)..... 0000 0000 (ii) Unitemized ..... (iii) TOTAL (add 0000 0000 Lines 11(a)(i) and (ii).....▶ 0000 0000 (b) Political Party Committees ..... (c) Other Political Committees 0000 0000 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 0000 0000 Totals to Line 33, page 5) ......▶ 12. Transfers From Affiliated/Other 0000 0000 Party Committees..... 0000 0000 13. All Loans Received ..... 0000 0000 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0000 0000 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0000 0000 Political Committees..... 17. Other Federal Receipts 0000 OOOO(Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0000 (from Schedule H3) ..... 0000 0000 (b) Levin Funds (from Schedule H5) ....... 0000 0000 (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 0000 0000 12, 13, 14, 15, 16, 17, and 18(c))........ 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ....... ▶

FE6AN026

#### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4 FEC Form 3X (Rev. 02/2003) **COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4) 0000 0000 Federal Share ..... 0000 0000 (ii) Non-Federal Share..... (b) Other Federal Operating 0000 0000 Expenditures ..... (c) Total Operating Expenditures 0000 0000 (add 21(a)(i), (a)(ii), and (b)) ...........................▶ 22. Transfers to Affiliated/Other Party 0000 0000 Committees. Contributions to 23 Federal Candidates/Committees and Other Political Committees... 0000 00.00 24. Independent Expenditures OOOC0000 0000 0000 (use Schedule F)..... 0000 0,00,0 26. Loan Repayments Made..... 0000 0000 Loans Made.....
 Refunds of Contributions To:
 (a) Individuals/Persons Other 0000 00 OO Than Political Committees 0000 0000 (b) Political Party Committees ..... (c) Other Political Committees 0000 (such as PACs)..... (d) Total Contribution Refunds 00.00 (add Lines 28(a), (b), and (c))...........▶ 0000 29. Other Disbursements ..... 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) 0000 0000 (i) Federal Share ..... 0000 0000 (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely 0000 0000 With Federal Funds ..... (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....▶ 31. Total Disbursements (add Lines 21(c), 22. 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 0000 0000 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 00.0C 0000 (from Line 28(d)) ..... 35. Net Contributions (other than loans) 0.00 00.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 0000 0000 (add Line 21(a)(i) and Line 21(b)) ........▶ 37. Offsets to Operating Expenditures 0000 (from Line 15, page 3)..... 38. Net Operating Expenditures 0000 0000 (subtract Line 37 from Line 36) ......

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11a **Detailed Summary Page** 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) POLITICAL ACTION COMMITTEE PROGRETS Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address MUM / [DUD] / City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General Primary Other (specify) SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

000

## SCHEDULE B (FEC Form 3X)

TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only			
	for each category of the Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		ed by any pers	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	e and address of any point	za committee to	solicit Communicità mon Such Communes.		
1	is Politica	L ACT	ION COMMITTEE		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Mailing Address			м М / ОО / Ч-Ч Ч		
	State Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	- igh in igh in		
Office Sought: House Disburser		75-			
	Primary ☐ General Other (specify) ▼				
State: District:  Full Name (Last, First, Middle Initial)					
3.			Date of Disbursement		
Mailing Address	· , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		мм / оо / үүү		
City	State Zip Code				
Purpose of Disbursement					
Candidate Name			Amount of Each Disbursement this Period		
		Category/ Type	ng sanga an		
Office Sought: House Disbursen Senate	nent For:  Primary General	-			
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)			<del></del>		
<b>)</b> .		+	Date of Disbursement		
Mailing Address		<del> </del>	m m / U U / Y Y Y		
City	State Zip Code	-			
Purpose of Disbursement			Amount of Fork Birk		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursen	nent For: Primary General		THE STATE OF THE S		
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)					
TOTAL This Period (last page this line number only).		·····	, , 0000		

## SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)  URBAN PROGRES POLICIAN SOURCE Full Name (Last, First, Middle Initial)	ITICAL ACTION COMMITTEE
Mailing Address	Primary General Other (specify) ▼
City State ZIP Co	de
Original Amount of Loan Cumulative Payment To	<del>-</del>
Date Incurred Date Due	Interest Rate Secured:  % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	I Name of F-plane
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	·

## SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page \_\_\_\_ of Schedule C

	Election Commission, Washington, D.C. 20463		Page or Schedule C		
NAME	OF COMMITTEE (In Full)	<del></del>	FEC IDENTIFICATION NUMBER		
		<u>_</u> .	020506114		
	URBAN PROGRESS POLIT	TCAL ACTION COM	nite 00020061		
LEND	ING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)		
Full N	ame				
			%		
Mailine	q Address				
ivicanii,	g / 1001/000	Date Incurred or Established	8 " ' H ' H - ' H   H - ' H   B   ' H   '		
			LMAND \ LOADD \ LAAAAA		
City	State Zip Code	Date Due			
		<del>, -                                   </del>			
A.	Has loan been restructured? No Yes	If yes, date originally incurre			
B.	If line of credit,	Total	And the second of the second o		
	Amount of this Draw:	Balance:			
L	Allount of this blaw.	Dalaice.	[		
C.	Are other parties secondarily liable for the debt incur				
<u>-</u>	<del></del>	nust be reported on Schedule C.)	What is the value of this collateral?		
J.	Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of		writat is the value of this conateral?		
1	stocks, accounts receivable, cash on deposit, or other				
	No Yes If yes, specify:				
			Does the lender have a perfected security interest in it? No Yes		
E.	Are any future contributions or future receipts of inte	rest income, pledged as	What is the estimated value?		
	collateral for the loan? No Yes If yes,	specific.			
	condicion for the loads.	specify.			
		specny.			
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:			
	A depository account must be established pursuant				
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account: Address:			
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:	Location of account:  Address:  City, State, Zip:			
F.	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  [Market   Compared   Co	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the	amount pledged does not equal or exceed		
F.	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the	amount pledged does not equal or exceed		
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  [Market   Compared   Co	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the	amount pledged does not equal or exceed hich it assures repayment.		
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:    March   / Date   / Yarray   / Yarray    If neither of the types of collateral described above we the loan amount, state the basis upon which this loan	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the	amount pledged does not equal or exceed hich it assures repayment.		
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  If neither of the types of collateral described above we the loan amount, state the basis upon which this loan COMMITTEE TREASURER	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the	amount pledged does not equal or exceed hich it assures repayment.		
G.	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  If neither of the types of collateral described above we the loan amount, state the basis upon which this load.  COMMITTEE TREASURER Typed Name Signature	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the	amount pledged does not equal or exceed hich it assures repayment.		
G.	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  If neither of the types of collateral described above we the loan amount, state the basis upon which this loan community.  COMMITTEE TREASURER Typed Name Signature  Attach a signed copy of the loan agreement.	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the	amount pledged does not equal or exceed hich it assures repayment.		
G.	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  If neither of the types of collateral described above we the loan amount, state the basis upon which this load.  COMMITTEE TREASURER Typed Name Signature  Attach a signed copy of the loan agreement.  TO BE SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the first to the signal to the signal treatment of t	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the n was made and the basis on w	amount pledged does not equal or exceed hich it assures repayment.		
G.	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  If neither of the types of collateral described above we the loan amount, state the basis upon which this loan.  COMMITTEE TREASURER Typed Name.  Signature  Attach a signed copy of the loan agreement.  TO BE SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the tare accurate as stated above.	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the n was made and the basis on was made and the basis on was made and the basis on was made and other information.	amount pledged does not equal or exceed hich it assures repayment.  DATE  MYM / DYD / YVYYYYY  mation regarding the extension of the loan		
G.	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  If neither of the types of collateral described above we the loan amount, state the basis upon which this load.  COMMITTEE TREASURER Typed Name Signature  Attach a signed copy of the loan agreement.  TO BE SIGNED BY THE LENDING INSTITUTION:  1. To the best of this institution's knowledge, the state accurate as stated above.  II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the state of the similar extensions of credit to other borrowers of the state of the state of the similar extensions of credit to other borrowers of the state	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the n was made and the basis on with the process of the loan and other information of the loan and other information of the loan and other information comparable credit worthiness.	amount pledged does not equal or exceed hich it assures repayment.  DATE  Mark / Date  mation regarding the extension of the loan avorable at the time than those imposed for		
G.	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  If neither of the types of collateral described above we the loan amount, state the basis upon which this load.  COMMITTEE TREASURER Typed Name Signature  Attach a signed copy of the loan agreement.  TO BE SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the state accurate as stated above.  II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the requirement that	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the n was made and the basis on whether the state of the loan and other information comparable credit worthiness. It a loan must be made on a basis and the loan must be made on the loan must be made on the loan must be made	amount pledged does not equal or exceed hich it assures repayment.  DATE  mation regarding the extension of the loan avorable at the time than those imposed for its which assures repayment, and has		
G.	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  If neither of the types of collateral described above we the loan amount, state the basis upon which this load.  COMMITTEE TREASURER Typed Name  Signature  Attach a signed copy of the loan agreement.  TO BE SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the state accurate as stated above.  II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the similar extensions of credit to other borrowers of the similar extensions of credit to other borrowers of the requirement that complied with the requirements set forth at 11 toolonized representative	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the n was made and the basis on whether the state of the loan and other information comparable credit worthiness. It a loan must be made on a basis and the loan must be made on the loan must be made on the loan must be made	amount pledged does not equal or exceed hich it assures repayment.  DATE  mation regarding the extension of the loan avorable at the time than those imposed for its which assures repayment, and has		
G.	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  If neither of the types of collateral described above we the loan amount, state the basis upon which this load.  COMMITTEE TREASURER Typed Name  Signature  Attach a signed copy of the loan agreement.  TO BE SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the state accurate as stated above.  II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the similar extensions of credit to other borrowers of the similar extensions of credit to other borrowers of the requirement that complied with the requirements set forth at 11 ORIZED REPRESENTATIVE d Name	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the n was made and the basis on whether the state of the loan and other information comparable credit worthiness. It a loan must be made on a basis and the loan must be made on the loan must be made on the loan must be made	amount pledged does not equal or exceed hich it assures repayment.  DATE  mation regarding the extension of the loan avorable at the time than those imposed for is which assures repayment, and has ing this loan.		

## SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one) 9

cluding	Loans		numi	pered line)	·	10
AME OF C	COMMITTEE (In Full)	_	<del></del>			<del></del>
11	RRAI PROGRE	55 POLITICAL	ACTION	J COMMIT	TEE	
	Name (Last, First, Middle Initial) of De			Nature of Debt (Pur		
1	·				,	
			· · · · · · · · · · · · · · · · · ·			
Mailing A	Address				•	
City	State	Zip Code				
-	•					
Outsta	anding Balance Beginning This Period					
	<u></u>					
[	Amount Incurred This Period	Payment This Pe		Outstanding Balan	ce at Close of Thi	
B. Full N	Name (Last, First, Middle Initial) of Del	btor or Creditor		Nature of Debt (Purp	):	
Mailing /	Address					
		· · · · · · · · · · · · · · · · · · ·	······································		•	
City	State	Zip Code				
					<del></del>	
	anding Balance Beginning This Period	· · ·				
1	Amount Incurred This Period	Payment This Pe	eriod	Outstanding Balan	ce at Close of Th	is Period
- T						ال م
		<u></u>	<u></u>		<u>~^</u>	• _ •
C. Full	Name (Last, First, Middle Initial) of De	ebtor or Creditor		Nature of Debt (Pur	oose):	
Mailing /	Address					•
Mailing /	Address				·	
City		State Zip Code				
				<u></u>		
Outsta	anding Balance Beginning This Period			•		
<u> </u>	Amount This Design	Decement This D		Outstanding Delega	01 176	
[ <del></del>	Amount Incurred This Period	Payment This Pe	enod	Outstanding Balan	be at Close of Th	IS Period
<u> </u>					<b>-</b>	•
CHETA	OTALS This Period This Page (optiona				$\mathcal{O}\mathcal{O}$	000
30010	This relied this rage (optional		<del></del>			
TOTAL	S This Period (last page this line num	ber only)				00
			<del></del>	, v	~~~~	^^
TOTAL	OUTSTANDING LOANS from Schedu	ule C (last page only)	<b>&gt;</b>		, 00	UU.
ADD 2	) and 2) and come forward to appropri	ate line of Summary Page /last	nago ontul b		0/5	00

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
URBAN PROGRESS POLITICAL	ACTION COMMI	
Check if 24-hour report 48-hour report New report	Amends report filed on	
Full Name of Payee	Da	te of Public Distribution/Dissemination
Mailing Address		(BAD), LALAN
İ	An	nount
City . State Zip C	code	
Purpose of Expenditure Cate	egory/ Type	ate of Disbursement or Obligation
Name of Federal Candidate		· · · · · · · · · · · · · · · · · · ·
Name of Federal Cambidate	Support Office So Oppose Pre	
	Oppose Pre	nent For: Primary General
Calendar Year-To-Date Per Election for Office Sought		Other (specify)
Full Name of Payee	Da	ate of Public Distribution/Dissemination
		M. M. (D.D.) ( LAAAAA)
Mailing Address	Ar	mount
City State Zip C		
City Ciaco	<u> </u>	
Purpose of Expenditure		ate of Disbursement or Obligation
Call	egory/ Type	M_M, [0.0], [4.4.4.4.4]
Name of Federal Candidate	Support Office So	nught: House District:
	Oppose Pre	esident Senate State:
Calendar Year-To-Date	Disburser	ment For: Primary General
Per Election for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	<b>•</b>	<i>∞</i> 000
(b) SUBTOTAL of Uniternized Independent Expenditures		0000
(c) TOTAL Independent Expenditures	<b>•</b>	0000
Under penalty of perjury I certify that the independent expenditures repor with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.	rted herein were not made mittee or agent of either, or	in cooperation, consultation, or concert (if the reporting entity is not a political
Bridget Murrey	Date O	2016

#### SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON REHALE OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF	OF CANDIDATES	FOR FED	ERAL OFFIC	E `´		PAGE OF	
	(То	be used only	by Political Com	mittees in the	General Election)	FOR LINE 25 OF FO	RM 3X
NAME OF COMM	BAN PROG				Column 7765	Check if 24-hour notice	ce
coordinated expen	ee been designated to maditures by a political part  NO		Full Name of Sub	oordinate Comm	ittee		
If YES, name the	designating committee:		Mailing Address				
			City		Sta	e ZIP Code	
	ast, First, Middle Initial) of	Each Payee			Purpose of Expe	Cat	egory/
Mailing Addres	SS				Date		ype
City		State	Zip Code		(MVM) / [	/ Y Y Y Y Y	Y
Name of Fede	eral Candidate Supported	Office Sough	ht: House Senate Presidentia	State:	Amount		
	or this Candidate • [	^					
	ast, First, Middle Initial) of	Each Payee			Purpose of Expe	Cat	egory/
Mailing Addres	SS				Date	<del>'</del>	уре
City		State	Zip Code		<b>M-M</b> /[	/ YVYVYV	
Name of Fede	eral Candidate Supported	Office Sough	House Senate Presidentia	State: District:	Amount		
Aggregate Ge Expenditure fo	neral Election or this Candidate ▶				3.		
Full Name (La	ast, First, Middle Initial) of	Each Payee			Purpose of Expe	Cat	egory/
Malling Addres	SS				Date		уре
City		State	Zip Code			/ / VVVV	v=)
Name of Fede	eral Candidate Supported	Office Sough	ht: House Senate Presidentia	State: District:	Amount		- v - 1
Aggregate Ge Expenditure fo	neral Election or this Candidate ▶						
SUBTOTAL of E	xpenditures This Page (o	ptional)		·····	<u> </u>	500	0.0
TOTAL This Period (last page this line number only)					000	00	

#### SCHEDULE H1 (FEC Form 3X)

#### **METHOD OF ALLOCATION FOR:**

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
URBAN PROBRESS POLITICAL ACTION COMMITTEE
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
,
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

### SCHEDULE H2 (FEC Form 3X)

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY OR EVENT IDENTIFIER

**ACTIVITY OR EVENT IDENTIFIER** 

Revised

Revised

Revised

Direct Candidate Support

Direct Candidate Support

Direct Candidate Support

ACTIVITY IS:

ACTIVITY IS:

New

ACTIVITY IS:

Fundraising

Fundraising

Fundraising

CHECK IF THE RATIO IS: New

CHECK IF THE RATIO IS:

CHECK IF THE RATIO IS: New

PAGE OF	=

ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (IN FUII) URBAN PROGRESS POLITICAL META	ON COMMITTE	E
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA' ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
<ol> <li>FUNDRAISING activities are allocated using the "funds received mether expenses must equal the federal proportion of monies raised.</li> </ol>	nod" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommodered where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commodederal and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	t derived by federal candi- junications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:    Fundraising   Direct Candidate Support	. %	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising  Direct Candidate Support  CHECK IF THE RATIO IS:  New  Revised  Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	%

Same as Previously Reported

Same as Previously Reported

Same as Previously Reported

NONFEDERAL %

NONFEDERAL %

NONFEDERAL %

FEDERAL %

FEDERAL %

FEDERAL %

%

# 2016:01:20:08:00040142

#### SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR **ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE OF
FOR LINE 18a OF FORM 3X
MITTEE
TAL AMOUNT TRANSFERRED
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· [ [ [ ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ]
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<b>~</b>
<u> </u>
·
0.00 00.00
0000
0000

AME OF COMMITTEE (In Full)					
URBAN PROGRESS POLITICAL ACTION COMMITTEE					
The state of the s	TE OF RECEIPT	TOTAL AMOUNT TRANSFERRED			
	AM \ LOTO \ LATAAAAA				
BREAKDOWN OF TRANSFER RECEIVED					
i) Total Administrative					
ii) Generic Voter Drive					
II) Generic Vote: Divo					
lii) Exempt Activities					
iv) Direct Fundraising (List Activity or Event Identifier	)				
	, •	5			
a)					
	<u> </u>	7)			
b)	~				
c) Total Amount Transferred For Direct Fundraising					
v) Direct Candidate Support (List Activity or Event I					
Vy Breet Gardene Support (ESC / Cavity of Everice)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
a)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	]}			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	্ব ন			
b)	~				
c) Total Amount Transferred For Direct Candidate	Support				
c) fold Amount Hardiened For Sheet Sandidate	эфроги				
vi) Public Communications Referring Only to Party	(Made by PAC)				
TOTALS FOR B	REAKDOWN OF TRANSFER RECEIVE	D			
		11			
TOTAL This Period (Administrative)	المستعدد الم	00.00			
TOTAL This Period (Generic Voter Drive)		, 0000			
TOTAL This Period (Exempt Activities)		0000			
, and a second control of the second control					
TOTAL This Period (Direct Fundraising)		,			
TOTAL This Period (Direct Candidate Support)		, , , , , , , , , , , , , , , , , , ,			
0000					
TOTAL This Period (Public Communications Referring Only	to Party)				
TOTAL This Period (Total Amount Transferred)		0000			

# 2016-01-20-03-00040143

#### SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
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NA	ME OF COMMITTEE (IN FUIL) URBAN PROGRESS	POLIT	TICAL A	CTION C	DIUM 177EE
Ā.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	·	<del></del>	<del> </del>		Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code	<u> </u>	Public Comm (ref to party only) by PAC
	Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
			V V V	<del></del>	
			<u> </u>	<u></u>	
B.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	The state of the s				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	<del></del>			Allocated Activity or Event Year-To-Date
	And the second Identification	<del></del>			
	Activity or Event Identifier:			Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
C.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	. Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		<del>- · · · · · · · · · · · · · · · · · · ·</del>		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
				Category/ Type	Date Mum / Dro / Yrryuy
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			~/ <b>3</b> \\/ <b>3</b> \		
SI	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Activity This	s Page NONFEDERAL	SHARE	= TOTAL AMOUNT
			· · · · · · · · · · · · · · · · · · ·		0000
T	OTAL This Period (last page for each line only)	Federal sha	re to 21(a)(i) an	d NonFederal sh	are to 21(a)(ii))
	FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
				^	<u> </u>

#### SCHEDULE H5 (FEC Form 3X)

### TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (IN FUII) URBAN PROGRESS POLITICAL ACTION COMMITTEE				
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
	MUM) ( DOLD) ( LANA			
BREAKDOWN OF THIS TRANSFER	VOTED	DECISE ATION		
i) Voter Registration Total Amount Transferred for Vot		REGISTRATION		
ii) Voter ID	المناسبين	VOTER ID		
Total Amount Transferred for Vot	er ID			
iii) GOTV	T	GOTV		
Total Amount Transferred for GO	TV			
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY		
Total Amount Transferred for Ger	neric Campaign Activity			
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
	MAM / DAD / AAAA			
BREAKDOWN OF THIS TRANSFER				
i) Voter Registration	VOTER	REGISTRATION		
Total Amount Transferred for Vot	ter Registration			
ii) Voter ID		VOTER ID		
Total Amount Transferred for Vot	er ID			
iii) GOTV	F	GOTV		
Total Amount Transferred for GC	OTV			
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY		
Total Amount Transferred for Ge	neric Campaign Activity			
TOTALS FOR E	BREAKDOWN OF TRANSFER RECE	EIVED (Last Page Only)		
TOTAL This Period (Voter Registration)		00.00		
TOTAL This Period (Voter ID)		0000		
TOTAL This Period (GOTV)		0000		
TOTAL This Period (Generic Campaign	Activity)			
TOTAL This Period (Total Amount of Tr	ansfers Received)			

## 2016 · 01 · 20 · 05 · 00040145

#### SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF
EOD LINE 3	0a OF FORM 3

Malling Address  Allocated Activity or Event Year-To-Date  Purpose of Disbursement  B. Full Name (Last, First, Middle Initial) / Full Organization Name    Type of Allocated Activity or Event GOTV	AME OF COMMITTEE (In Full)			······································	
Water Registration	URBAN PROGNE	SS POLITICAL	- Action		
Mailing Address  City State Zp Code  Purpose of Disbursement  FEDERAL SHARE	A. Full Name (Last, First, Middle Initial) / Full Org	anization Name		l	
Malling Address  Allocated Activity or Event Year-To-Date  Purpose of Disbursement  B. Full Name (Last, First, Middle Initial) / Full Organization Name    Type of Allocated Activity or Event GOTV					
City State					
City State	Mailing Address		<del></del>		
Purpose of Disbursement    FEDERAL SHARE	City	Zio Codo	·	1 1	
Category   Date   Total Amount	State	Zip Code			
B. Full Name (Last, First, Middle Initial) / Full Organization Name    Type of Allocated Activity of Event.   QOTV	Purpose of Disbursement				
B. Full Name (Last, First, Middle Initial) / Full Organization Name    Type of Allocated Activity or Event.   QOTV	FEDERAL SHARE +	LEVIN SH	ARE	= TOTAL AMOUNT	
Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE					
Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  Cotter ID  Allocated Activity or Event:  GOTV Generic Campaig  Allocated Activity or Event:  GOTV Oviter ID  Generic Campaig  Allocated Activity or Event:  GOTV Oviter ID  Generic Campaig  Allocated Activity or Event:  GOTV Oviter ID  Generic Campaig  Allocated Activity or Event:  GOTV Oviter ID  Generic Campaig  Allocated Activity or Event:  Category/ Type  Date  Total AMOUNT  Category/ Type  FEDERAL SHARE  FEDERAL SHARE  LEVIN SHARE  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i)) and Levin share to 30(a)(iii)  FEDERAL SHARE  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT  LEVIN SHARE	B. Full Name (Last, First, Middle Initial) / Full Ord	anization Name		Type of Allocated Activity or Event:	
Allocated Activity or Event Year-To-Date  City State Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE				11 1 3	
City State Zip Code  Purpose of Disbursement    Category/ Type   Date   TOTAL AMOUNT				Voter ID Generic Campaign	
City State Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  C. Full Name (Last, First, Middle Initial) / Full Organization Name  Type of Allocated Activity or Event:  Voter Registration GOTV  Generic Campaig  Allocated Activity or Event Year-To-Date  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FEDERAL SHARE + LEVIN SHARE TOTAL AMOUNT  LEVIN SHARE	Mailing Address				
Purpose of Disbursement    Category/ Type   Date   TOTAL AMOUNT	City	Zin Code	Г <del>г</del>		
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  C. Full Name (Last, First, Middle Initial) / Full Organization Name  Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID  Generic Campaig  Allocated Activity or Event:  City Stale Zip Code  Purpose of Disbursement  Category/ Type  Date  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT	J., Side	2.p 3000			
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaig  Allocated Activity or Event Year-To-Date  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(iii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT	( Category/ (				
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Type of Allocated Activity or Event:    Voter Registration   GOTV					
Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FEDERAL SHARE TOTAL AMOUNT  FEDERAL SHARE TOTAL AMOUNT  LEVIN SHARE  FOTAL This Period for the Levin Share					
Mailing Address  City  State  Zip Code  Purpose of Disbursement  Category/ Type  Date  FEDERAL SHARE  FEDERAL SHARE  LEVIN SHARE  FEDERAL SHARE  LEVIN SHARE  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT	C. Full Name (Last, First, Middle Initial) / Full Organization Name			I Total	
Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FOR A SHARE + LEVIN SHARE = TOTAL AMOUNT  FEDERAL SHARE TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT  LEVIN SHARE				11 1	
City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FEDERAL SHARE TOTAL AMOUNT  FEDERAL SHARE TOTAL AMOUNT  LEVIN SHARE  FOTAL This Period for the Levin Share				L Solicito Gampaign	
Purpose of Disbursement  Category/ Type  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share	Mailing Address	<del> </del>			
Purpose of Disbursement  Category/ Type  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT	City State	Zip Code	[-3-3-3		
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT  LEVIN SHARE					
SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT	Purpose of Disbursement			Date	
SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT	l				
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  FOTAL This Period for the Levin Share					
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  FOTAL This Period for the Levin Share					
FOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  FOTAL This Period for the Levin Share	SUBTOTAL of Shared Federal and Levin Activity Th	s Page			
FOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  FOTAL This Period for the Levin Share				= TOTAL AMOUNT	
FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  FOTAL This Period for the Levin Share		0000			
LEVIN SHARE  TOTAL This Period for the Levin Share	TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
COTAL This Period for the Levin Share	·				
FOTAL This Period for the Levin Share		LEVIN CH	ARF	0000	
	TOTAL This Period for the Levin Share				
	66AN026			FEC Schedule H6 (Form 3X) Rev. 02/2003	

#### SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

NAM	NAME OF COMMITTEE (IN FUII) URBAN PROGRESS POLITICAL PACTION COMMITTEE							
NAM	NAME OF ACCOUNT							
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE					
1.	RECEIPTS FROM PERSONS (a) Itemized							
	(b) Unitemized							
	(c) Total							
2.	OTHER RECEIPTS							
3.	TOTAL RECEIPTS(Add Lines 1c and 2)							
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)							
	(a) Voter Registration							
	(b) Voter ID							
	(c) GOTV							
	(d) Generic Campaign							
5.	OTHER DISBURSEMENTS							
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)							
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		, Oo.OO					
8.	RECEIPTS(from Line 3)		0000					
9.	SUBTOTAL (Add Lines 7 and 8)							
10.	DISBURSEMENTS(From Line 6)		00.00					
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		0000					
	·							

## SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

$\rangle$	NAME OF COMMITTEE (IN FUII)  URBAN PROGRESS POLITICAL ACTIO	70 COMM1776E
A.	Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address	Date of Receipt
	City State Zip Code  Name of Employer or Principal Place of Business	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date
В.	Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address	Date of Receipt
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business  Occupation	Aggregate Year-to-Date
C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address  City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business  Occupation	Aggregate Year-to-Date
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business  Occupation	Aggregate Year-to-Date
s	BUBTOTAL of Receipts This Page (optional)▶	00.00
<b> </b> 7	OTAL This Period (last page this line number only)	00.00

## SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBI	ER:	PAG	ìΕ		OF
(check only one)		4a 4b	$\overline{\Box}$	4c	5
	ш	40	ш,	40	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

5	to commercial purposes, outer than using the name and address of any political committee to	Solicit Contributions from Such Continues.
	NAME OF COMMITTEE (IN FUII)  URBAN PROGRESS POLITICAL ACTION	COMMITTEE
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
A.		LM.R.W.J. \ LO.N.D.J. \ [A.N.A.T.A.T.A.]
	Mailing Address	M 2 M 7 D 0 D 7 Y 0 Y 0 Y 0 Y 0 Y 0 Y 0 Y 0 Y 0 Y 0 Y
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
_	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Dishuraneout
В.		Date of Disbursement
	Mailing Address	M d M / D d D / 40 4 B 4 B 4 B 4 B 4 B 4 B 4 B 4 B 4 B
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
_	Full Name (Last, First, Middle Initial) / Full Organization Name	The second secon
C.		Date of Disbursement
	Mailing Address	WYW \ (DO)O \ \ LAAAAAA
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
	Full Name (Last, First, Middle Initial) / Full Organization Name	
D.		Date of Disbursement
	Mailing Address	W.W. \ (0.0) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
_	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disharana
E.		Date of Disbursement
	Mailing Address	(W.A.) ( Lo., D.) ( L., A.A.A.A.A.)
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	0000
	UBTOTAL of Disbursements This Page (optional)	00.00
7	OTAL This Period (last page this line number only)	0000

Urban Progress PAC P.O. Box 257 Walterboro, SC 29488 RECEIVED FEC MAIL CENTER 2016 JAN 20 AM S: 27

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USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
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Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next B	usiness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	te of Receipt or Postmarked
PV .	1/20/16
PREPARER	DATE PREPARED
(3/2015)	